



**CM/ECF**  
**Case Management/Electronic Filing**

United States Bankruptcy Court  
Western District of Wisconsin

**Attorney/Participant Registration Form**

This form shall be used to register for an account on the Court's Case Management/Electronic Case Filing (CM/ECF) system. Registered attorneys and other participants will have privileges to both electronically submit documents and to view and retrieve electronic docket sheets and documents for cases assigned to the CM/ECF system. The following information is required for registration:

First/Middle/Last Name: \_\_\_\_\_

Attorney Bar #: \_\_\_\_\_ State: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Firm Address:

\_\_\_\_\_

Phone Number: \_\_\_\_\_/\_\_\_\_\_

Fax Number: \_\_\_\_\_/\_\_\_\_\_

E-Mail Address: \_\_\_\_\_

By submitting this registration form, the undersigned agrees to abide by the following rules:

1. This system is for use only in cases permitted by the U.S. Bankruptcy Court for the Western District of Wisconsin. It may be used to file and view electronic documents, docket sheets, and notices.
2. Pursuant to Federal Rule of Civil Procedure 11, every pleading, motion, and other paper (except lists, schedules, statements, or amendments thereto) shall be signed by a least one attorney of record or, if the party is not represented by an attorney, all papers shall be signed by the party. An attorney/participant's password issued by the Court, combined with the user's identification, serves as and constitutes the attorney/participant's signature. Therefore, an attorney/participant must protect and secure the password

issued by the Court. If there is any reason to suspect the password has been compromised in any way, or if someone with authority to use the password is reassigned or resigns, it is the duty and responsibility of the attorney/participant to immediately notify the Court and change the password.

3. I hereby authorize the Court to make charge upon the credit card I have provided for any applicable fees required in conjunction with filings I make. I understand that it is my responsibility to provide the Court with any changes to my credit card information and failure to do so may result in temporary loss of my login to the System.
4. An attorney/participant's registration will constitute a waiver in law of conventional service of documents, and the attorney/participant agrees to accept service of notice on behalf of the client of the electronic filing by hand, facsimile or authorized e-mail.
5. The undersigned attorney/participant agrees to abide by the most recent Administrative Procedures for Electronic Case Filing and all technical and procedural requirements set forth therein.

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Applicant Signature

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Date

Please return your completed Registration Form along with the Skills Assessment Checklist and Readiness Checklist to:

U.S. Bankruptcy Court  
Western District of Wisconsin  
Attn: Julie Ellingson  
120 N. Henry St., Room 340  
P.O. Box 548  
Madison, WI 53701-0548